



Hendry  
Swinton  
McKenzie

I N S U R A N C E

830 Pandora Avenue, Victoria, BC V8W 1P4 T: 250.388.5555 F: 250.388.5959

**BRITISH COLUMBIA STATE COUNCIL KNIGHTS OF COLUMBUS and  
All of its Councils, Assemblies, Officers & Members.**

Please use this form if proof of insurance is required for any function your council is hosting.  
Complete and fax to attention *Vince Knight* at 250-388-5959 or email [vknight@hsmininsurance.com](mailto:vknight@hsmininsurance.com)

Council# \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone# \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Description of Function:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Function: (Please give full name and address including postal code)

\_\_\_\_\_  
\_\_\_\_\_

Dates| From: \_\_\_\_\_ To: \_\_\_\_\_

Times| From: \_\_\_\_\_ To: \_\_\_\_\_

Additional Insured, if required: (Please give full name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hendry Swinton McKenzie may fax/email a copy of the Certificate of Insurance directly to the  
Additional Insured on your behalf. Please provide:

Contact name for Additional Insured: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax/Email: \_\_\_\_\_